PCN53

EFFECT OF THE HUNGARIAN ORGANIZED NATIONWIDE CERVICAL CANCER SCREENING PROGRAMME ON THE COVERAGE OF WOMEN OVER 64 YEARS

Boncz I[1], Betlehem J[1], Ember I[1], Sebestyén A[2]
[1]University of Pécs, Pécs, Hungary, [2]National Health Insurance Fund Administration (OEP), Pécs, Hungary

OBJECTIVES: Organized nationwide screening programme for cervical cancer was introduced in Hungary in 2003. The aim of this study is to analyze the three year screening rate (coverage) of the organized cervical cancer screening programme in women aged over 64 years. Although women over 64 years are out of the scope of the organized screening programme, but opportunistic screening may be applied. **METHODS:** The data derive from the financial database of the National Health Insurance Fund Administration (OEP) of Hungary covering the period of 2000–2002 (without organized screening) and 2003–2005 (with organized screening). We calculated the three-year screening rate for 2003–2005 according to the age-group of women over 64 years. Screening is defined with cytological examination of Papanicolau smear and includes all smears taken either within or outside of the organized programme. **RESULTS:** The 3-year screening rate of women aged 25–64 years was 52.65% in 2003–2005. The coverage of women over 64 years was the following in 2003–2005: 65–69 years: 22.26%; 70–74 years: 14.73%; 75–79 years: 10.69%; over 80 years: 5.63%. Comparing this values to the coverage of 2000–2002 (without organized screening) we found controversary changes in the different age-groups: 65–69 years: 1.22 percentpoint increase, 70–74 years: –0.4 percenpoint decrease; 75–79 years: –0.22 percentpoint decrease; over 80 years: 0.53 percenpoint increase. **CONCLUSION:** After the introduction of organized cervical screening programme for women aged 25–64, we found controversary effect (both increase and decrease) on the coverage of women aged over 64. The effect of organized screening programme on the coverage of women out of the scope of this programme was not significant.

PCN54

INCREASING EXPENDITURES FOR ONCOLOGY MEDICATIONS: CZECH REPUBLIC LONG-TERM DATA

Skoupá J[1], Cerna V[1], Doležal T[2]
[1]Pharma Projects, Prague, Czech Republic, [2]3-rd Medical Faculty Charles University, Prague, Czech Republic

OBJECTIVES: Medication spending on oncology products (L01 ATC group) was steadily increasing during the past decade in Czech Republic. The L01 market exceeded 100 million € in 2005, which represents approximately 6% of the total Czech pharmaceutical market. This aim of this analysis is evaluation of long-term developments in this segment and focus on the main growth drivers. **METHODS:** Data covering the time period from 1992 to 2005 were obtained from a database of the Czech Institute for Drug Control. The analysis was performed per ATC subgroups, and identified (based on launched products and their development over time) most important growth drivers. **RESULTS:** The L01 market grew from 7.4 million € in 1992 to 133 million € in 2005. Over the past five years the L01 market more than doubled (62 mil € to 133 mil €). This increase was driven not only by enhanced consumption but also by increased price per pack (from mean 96€/pack in 2001 to 187€/pack in 2005), reflecting introduction and usage of new costly molecules in cancer therapy. Regarding ATC sub-groups, the major growth is generated by products launched since 1996 (taxanes) and especially after the introduction of protein kinase inhibitors, monoclonal antibodies and other biotechnology products. **CONCLUSION:** The Czech L01 market shows similar growth rates and trends as in other countries. The dynamics is driven by biotechnology products. These currently in majorities cover advanced metastatic cancer stages but we can expect them to extend indications also to earlier cancer stages. Based on these conclusions we can assume the L01 market to continue its growth also in the near future.

PCN55

THE IMPACT OF 21-GENE RT-PCR ASSAY ON REAL LIFE TREATMENT DECISIONS IN N-, ER+ EARLY-STAGE BREAST CANCER PATIENTS: IT'S IMPLICATION FOR BUDGET IMPACT ANALYSIS

Hammerman A[1], Klang SH[2], Liebermann N[2], Efrat N[3]
[1]Ben-Gurion University of the Negev, Beer-Sheva, Israel, [2]Clalit Health Services, Tel-Aviv, Israel, [3]Kaplan Medical Center, Rehovot, Israel

OBJECTIVES: The "Oncotype DX" 21-gene Recurrence Score (RS) assay has been validated to quantify the likelihood of breast cancer recurrence and the benefit of providing adjuvant chemotherapy (CT) in addition to hormonal therapy, for node-negative (N-), estrogen receptor positive (ER+) patients. In February 2006, Clalit Health Services (CHS), Israel, was the first HMO outside the USA to reimburse the assay, to assist physicians in the decision whether or not to provide adjuvant chemotherapy to N-, ER+ early-stage breast cancer patients. We evaluated the impact of Oncotype DX on "real life" treatment decisions, as a basis for the assay's budget impact analysis. **METHODS:** We compared the treatment offered prior to receiving RS results and the actual treatment prescribed, for the first nine months in which the assay was reimbursed, and calculated the net impact on number of patients receiving chemotherapy in this setting. Data was collected from CHS' computerized database and the pre-authorization requests for Oncotype DX. **RESULTS:** 180 patients were included. Recurrence Score RESULTS: Low risk (RS < 18), 37.5%; Intermediate risk (RS 18–30), 44.5% and; high risk (RS > 31), 18%. CT was initially offered to 106/180 patients (59%). RS changed actual treatment in 71/180 patients (39%); eliminating CT in 62 patients (34%) and adding CT in 9 patients (5%), a net reduction of 29% in chemotherapy prescribed. **CONCLUSION:** RS changed the treatment decision in a significant proportion of N-, ER+ breast cancer patients, mostly from CT to hormonal therapy alone, avoiding unwanted consequences and costs of CT treatment. For budget impact calculations, we found an average of 3.5 Oncotype DX assays needed, for every case of avoided adjuvant chemotherapy. Further savings might be also in patients that were added CT, by reducing the chance of metastatic disease. Additional studies are needed to evaluate the short and long term economic implications and cost-effectiveness of Oncotype DX use.

PCN56

INTERNATIONAL INCIDENCE OF MEN WITH UNCERTAIN INDICATION FOR RADICAL PROSTATECTOMY: AN EVIDENCE-BASED ANALYSIS

Lee DW[1], Dann RA[2], Lintner MJ[1], Zhang B[3], Friedman M[3], Menzin J[3]
[1]GE Healthcare, Waukesha, WI, USA, [2]GE Healthcare, Chalfont St Giles, UK, [3]Boston Health Economics, Waltham, MA, USA

OBJECTIVES: To estimate the country-specific incidence of men with lower-risk (early-stage or localized) prostate cancer where imperfect diagnostic information makes the decision to perform radical prostatectomy (RP) uncertain. RP is indicated only when early-stage tumors are fast growing or when localized prostate cancer is strictly intra-capsular, neither of which can be accurately determined with available diagnostic technology. **METHODS:** We defined early-stage prostate cancer (PC) as